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## BIB DATA SHEET

CONFIRMATION NO. 1324

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/057,420    |                                  | 705   | 3696           | 9050.002.PCUS00        |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/753,784 01/02/2001 PAT 7,328,189  
 which is a CIP of 09/665,237 09/18/2000 PAT 7,376,621  
 which is a CIP of 09/553,695 04/21/2000 PAT 7,177,838

This application 10/057,420 01/25/2002

CGRAHAM 6/4/09

claims benefit of 60/178,239 01/26/2000

and claims benefit of 60/311,446 08/09/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***

04/02/2002

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                  |                 |              |                    |
| Verified and                   | /CLEMENT B GRAHAM/<br>Examiner's Signature                          | cg<br>Initials                               | AZ               | 33              | 44<br>43     | 2                  |
| Acknowledged                   |   |  |                  |                 |              |                    |

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**TITLE**

Systems and methods for conducting electronic commerce transactions requiring micropayment

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>586 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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